STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

03/05/2025

DUNGENESS COURTE ALZHEIMERS COMMUNI
DUNGENESS COURTE MEMORY CARE
651 GARRY OAK DR
SEQUIM, WA 98382

RE: DUNGENESS COURTE MEMORY CARE # 1328

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55904 (Completion Date 03/05/2025) and 49403 (Completion Date 11/07/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/05/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

(h) Provide staff orientation and appropriate training for expected duties, including:

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

The Department staff who did the On Site verification:

Pamela Horlick, NCI RN Complaint Investigator
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: DUNGENESS COURTE MEMORY CARE
License/Cert.#: 1328
Compliance Determination #: 49403
Investigator: Pamela Horlick
Investigation Date(s): 10/28/2024 through 11/07/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 151279
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
Quality of Care/Treatment: Report of staff to resident abuse.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Residents Family members Business office manager
Record Reviews:	State reporting log Incident investigation Facility policies Personnel files Staff training records Care Plans Progress notes Fit testing records

Investigation Summary:
Facility staff did not report abuse when they witnessed a staff member abusing a resident.
Failed practice identified.
Facility failed to ensure three positive references were obtained prior to hiring staff.

Failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 10/28/2024 and 10/28/2024 of:

DUNGENESS COURTE MEMORY CARE
651 GARRY OAK DR
SEQUIM, WA 98382

This document references the following complaint number(s): 151279, 149990

The following sample was selected for review during the unannounced on-site visit: 3 of 37 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Cory Cisneros
Residential Care Services

11/13/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date 11/19/24

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

(h) Provide staff orientation and appropriate training for expected duties, including:

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete reference checks for 2 of 3 employees (Staff B and Staff C) and ensure abuse and neglect training was completed for 1 of 3 staff (Staff C) reviewed. This failure placed all 37 of 37 residents at risk of receiving care and services from unqualified and/or unsuitable staff.

Findings included...

Record review of the facility document, titled, "Employment Policies," undated, under the section titled, "Employee Selection Process, showed "Prior to extending an employment offer, and upon the applicants written agreement that inquiries may be made, at least three (3) applicant professional references and, at the discretion of the facility Executive Director or designee, one (1) applicant personal reference will be checked. If three (3) professional references are not available, the substitution of a personal reference needs a written explanation to document its need and use. Professional references may be extended to include school instructors or counselors, clergy, and/or business professionals for which volunteer work was conducted by the applicant. The Executive Director or designee will be responsible for verification of employment information provided by the applicant, including reference checks and criminal background checks. The only information to be verified from prior employers will be the following:

- Dates of employment
- Positions held
- Salary at time of termination
- Whether the person is eligible for rehire

The applicant should be advised that this information will be verified. Additional information should not be requested from prior employers, unless the applicant agrees in writing, because it may violate the applicants right to privacy.

Record review of the facility policy titled, "Preventing Abuse and Neglect," undated,

Administrator (or Representative) Date

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The applicant should be advised that this information will be verified. Additional information should not be requested from prior employers, unless the applicant agrees in writing, because it may violate the applicants right to privacy.

Record review of the facility policy titled, "Preventing Abuse and Neglect," undated,

stated, "It is the policy of Northwest Care Management to prevent abuse and neglect of residents by screening applicants and residents, training staff, responding appropriately and promptly to all incidents of abuse and neglect, and identifying trends and patterns. Facility staff will investigate all incidents, protect residents, report to the proper authorities, respond to findings, formulate conclusions, and implement measures to minimize future similar occurrences." Under the section titled, "screening," showed, "The appropriate department manager will verify the applicants references and document feedback from each contact... All findings will be routed to the appropriate staff person for placement in the applicants file."

<Reference Checks>

<Staff B>

Record review of the facility staff list, dated 10/29/2024, showed Staff B, Caregiver, was hired on 12/20/2022.

Record review of the first reference check for Staff B, titled, "Employment Reference/Release Form" stated "Please proved a current or past work reference." The Applicant name was filled out. The name of reference was filled out. The company to contact was filled out. Telephone number was provided. The dates of employment was filled out. The "yes" box was checked indicated the person referenced supervised the applicant. The space for an Applicant signature had Staff B's signature and date of 11/29/2022. Below the signature of the applicant, showed, "To be filled out by previous employer, or interviewer completing the inquiry... The above named applicant is being considered for employment with our facility and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated with confidence. Thank you for your assistance." The following information was listed to be filled out but was left blank:

Position held
Dates employed
Reason for leaving

There was a "Yes" box and a "No" box to be checked if applicant was eligible for rehire. Both boxes were left blank.
The next section showed, "Please rate the following" options were given to check for Excellent, Good, Average, Fair, or Poor. All indicators of staff B's Attendance, Dependability, Job Knowledge, Productivity, and Overall Performance were left blank. There were no notes left in the "comments" section. There was no signature on the "Preparers Signature" line. There was no title on the "Title" line, and there was no date filled in on the "date" line.

Record review of the second reference check for Staff B, titled, "Employment

Reference/Release Form" stated "Please proved a current or past work reference." The Applicant name was filled out. The name of reference was filled out. The company to contact was filled out. Telephone number was provided. The dates of employment was filled out. The "yes" box was checked indicated the person referenced supervised the applicant. The space for an Applicant signature had Staff B's signature and date of 11/29/2022. Below the signature of the applicant, showed, "To be filled out by previous employer, or interviewer completing the inquiry... The above named applicant is being considered for employment with our facility and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated with confidence. Thank you for your assistance." The following information was listed to be filled out but was left blank:

Position held
Dates employed
Reason for leaving

There was a "Yes" box and a "No" box to be checked if applicant was eligible for rehire. Both boxes were left blank.
The next section showed, "Please rate the following" options were given to check for Excellent, Good, Average, Fair, or Poor. All indicators of staff B's Attendance, Dependability, Job Knowledge, Productivity, and Overall Performance were left blank. There were no notes left in the "comments" section. There was no signature on the "Preparers Signature" line. There was no title on the "Title" line, and there was no date filled in on the "date" line.

Record review of the third reference check for Staff B, titled, "Employment Reference/Release Form" stated "Please proved a current or past work reference." The Applicant name was filled out. The name of reference was filled out. The company to contact was filled out. Telephone number was provided. The dates of employment was filled out. The "yes" box was checked indicated the person referenced supervised the applicant. The space for an Applicant signature had Staff B's signature and date of 11/29/2022. Below the signature of the applicant, showed, "To be filled out by previous employer, or interviewer completing the inquiry... The above named applicant is being considered for employment with our facility and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated with confidence. Thank you for your assistance." The following information was listed to be filled out but was left blank:

Position held
Dates employed
Reason for leaving

There was a "Yes" box and a "No" box to be checked if applicant was eligible for rehire. Both boxes were left blank.
The next section showed, "Please rate the following" options were given to check for

Excellent, Good, Average, Fair, or Poor. All indicators of staff B's Attendance, Dependability, Job Knowledge, Productivity, and Overall Performance were left blank. There were no notes left in the "comments" section. There was no signature on the "Preparers Signature" line. There was no title on the "Title" line, and there was no date filled in on the "date" line.

<Staff C>

Record review of the facility staff list, dated 10/29/2024, showed Staff C, Caregiver, was hired on 02/08/2024.

Record review of the personnel file for Staff C, Caregiver did not contain the facility document titled, "Employment Reference/Release Form." In the personnel file, written on Staff C's resume, were two names and phone numbers, start dates, preferred days to work and wage. There was no information regarding dates of employment, position held, salary at time of termination or whether the person was eligible for rehire.

In an interview on 10/28/2024 at 3:09 PM, Staff D, Director of Nursing Services, was asked to explain the hiring process, they stated the person would turn in an application, they were interviewed, they would do a background check and get three references. Staff B stated they would ask the references if the prospected employee was good with people, if they were patient and if they wanted to come to work. Staff B stated on the reference check form, there were options of excellent, good, fair, and poor to check off. Staff B was asked how many reference checks they would get, they stated three.

In an interview on 10/28/2024 at 1:24PM, Staff A, Executive Director, was asked to explain the hiring process, they stated once someone turned in an application, we look for qualifications, do an interview, take them for a tour, and check references. Staff A was asked who conducted reference checks, Staff A stated they do or Staff C, Business Office Manager. Staff A was asked where the reference checks can be found, they stated they usually were a part of the application process and would be in the employee files. Staff A was asked if there were any reference checks for Staff C in Staff C's file, Staff A stated they just called two people. Staff A was asked if there was anything positive written about the persons ethics, they stated, nothing written just what they remembered when they talked to the reference. Staff A was asked if there were references in Staff B's file, Staff A stated Staff B did not have anything written down. Staff A was asked when they would get reference checks completed, they stated we try to get them done before they were hired.

<Training>

<Staff C>

Record review of Staff C's Relias Transcript, dated 10/28/2024, showed no abuse

training for Staff C while employed at the facility.

Record review of facility document titled, "Mandatory Reporting and Abuse policy Acknowledgement Form" stated, "As a condition of my employment, I have read the Abuse Policy and understand that Dungeness Courte has a zero tolerance abuse policy, and supports mandated reporting...I understand that if I believe that abuse is occurring, that I am legally required to call the State Hotline number immediately and personally." This document was signed by Staff C and Staff E, Business Office Manager, on 02/08/2024.

In an interview on 10/28/2024 at 1:53 PM, Staff C, was asked if they received training on abuse and neglect when they started employment at the facility, they stated they don't remember. Staff C was asked if they had any training on abuse since the incident occurred, they stated they were instructed to do their RELIAS training on abuse and neglect. Staff C was asked if that training had been completed yet, they stated no.

In an interview on 10/28/2024 at 3:09 PM, Staff D was asked if Staff C should have their abuse neglect training done by now, they stated yes, this was their second time working here, they should have it done by now.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 12/22/24.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 11/21/24 (original 11/19/24)

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

training for Staff C while employed at the facility.

Record review of facility document titled, "Mandatory Reporting and Abuse policy Acknowledgement Form" stated, "As a condition of my employment, I have read the Abuse Policy and understand that Dungeness Courte has a zero tolerance abuse policy, and supports mandated reporting... I understand that if I believe that abuse is occurring, that I am legally required to call the State Hotline number immediately and personally." This document was signed by Staff C and Staff E, Business Office Manager, on 02/08/2024.

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Administrator (or Representative) Date

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(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff immediately reported abuse to the department's Complaint Resolution Unit (CRU) hotline for 1 of 3 residents (Residents 1 [R1]) reviewed. This failure placed 37 of 37 residents at risk for ongoing abuse and unmet care needs.

Findings included...

"RCW 74.34.035 Reports—Mandated and Permissive—Contents—Confidentiality. (1) When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department.

Record review of the Assisted Living Facility Guidebook, dated February 2018, showed to report to the department when there was reasonable cause to believe violations had occurred involving abuse, neglect, abandonment, significant injuries of unknown source, or personal and/or financial exploitation.

Record review of the facility policy titled, "Incident Reporting and Investigation," undated, showed, "It is the policy of Northwest Management that all incidents involving a resident will be investigated to determine cause and contributing factors. Incidents will be reported to the appropriate individuals and agencies. Under the section titled, "Procedure," showed, "The first eye witness will initiate the incident report... Staff will only state what was heard, seen, and observed... NO OPINIONS... Draw a diagram of what they saw in the area provided... All employees of a Northwest Care management community are Mandated Reporters... The employee must call the DSHS [Department of Social and Health Services] Hotline to report any incident that is alleged or suspected physical, mental. or sexual abuse and/or misappropriation of a resident property or funds... Staff will notify the licensed nurse or shift supervisor on duty of the incident... Staff will develop a plan to keep resident safe and to prevent re-occurrence."

Record review of the facility policy titled, "Preventing Abuse and Neglect," undated, showed, "It is the policy of Northwest Care Management to prevent abuse and neglect of residents by screening applicants and residents, training staff, responding appropriately and promptly to all incidents of abuse and neglect, and identifying trends and patterns. Facility staff will investigate all incidents, protect residents, report to the proper authorities, respond to findings, formulate conclusions, and implement measures to minimize future similar occurrences." Under the section titled, "Training," showed, "During orientation to the facility, the appropriate staff will in-service employees on:

- What constitutes abuse and neglect.
- How, when, and to whom to report abuse and neglect without the fear of reprisal.
- How to deal with aggressive behaviors from a resident.
- How to recognize the signs of potential abuse and/or neglect from a staff member towards a resident.

Under the section titled, "Investigation," showed, "The staff member seeing abuse or being notified of abuse will:

- Call the DSHS [Department of Social and Health Services] Hotline immediately to

report the incident
- Notify their supervisor
- Fill out an Incident Report form (Please refer to the reporting and Investigation procedure)"

Under the section titled, "Report/Respond" showed:
- All employees are mandatory reporters
- Report to DSHS hotline (1-800-562-6078) within 24 hours for witnessed and suspected abuse/neglect/exploitation. Seek assistance of a supervisor if necessary.
- Report to the police department when appropriate
- Cases of physical or sexual assault and theft of resident property must be reported to the police
- Report to the Department of Health when appropriate
- Alleged perpetrators who are licensed, registered, or certified through the Department of Health must be reported.
- This includes NAR, NAC, RN, LPN, PT, OT, MD, ARNP, licensed pharmacists.
- Notify residents physician, responsible party, DNS, and Executive Director.
- Facility investigator must report findings of investigation to the hotline within five days.

Review of R1's face sheet, dated 10/28/2024, showed that R1 was admitted to the facility on [redacted]/2018.

Record review of the facility staff list, dated 10/29/2024, showed Staff C, Caregiver, was hired on 02/08/2024.

Record review of the facility staff list, dated 10/29/2024, showed Staff B, Caregiver, was hired on 12/20/2022.

Record review of Residential Care Services Online Incident Report, dated 10/14/2024, showed a report was received to the Complaint Resolution Unit (CRU) regarding R1 being sprayed in the face with water by Staff B, to get R1 to stop screaming out. The date of the incident noted to have taken place on 10/11/2024.

Record review of a witness statement provided to the department, undated, showed Staff C, wrote that Staff B, radioed for help with toileting R1 (on 10/11/2024). Staff C explained that R1 was screaming and not wanting to stand up. Staff B then picked up a spray bottle and sprayed R1 in the face thinking it would calm them down. Staff C wrote that it did not calm R1 down and it only made R1 more agitated. Staff C left Staff B with R1 and exited the room to locate another staff member to assist. Upon return to the room with another staff member, R1 was still screaming.

In an interview on 10/28/24 at 1:53 PM, Staff C, was asked what they would do if they saw a staff member abuse a resident, they stated, when they saw Staff B do what they did, they weren't sure what to do. Staff C was asked when did they tell someone what happened, they stated that incident happened on a Friday and they told someone on the following Monday. Staff C stated they forgot and left at the end of their shift.

In an interview on 10/28/2024 at 3:09 PM Staff D, Director of Nursing Services, stated they were informed by Staff C of the incident that happened on 10/11/2024 on 10/14/2024. Staff D stated they asked Staff C if they let anybody know what happened. They stated Staff C said no. Staff D stated they told Staff C they are a mandatory reporter and that they should have reported it right away.

In an interview on 11/01/2024 at 3:05 PM, Staff D was asked to explain the process if staff were to witness abuse from another staff member directed at a resident, they stated they were supposed to report it. Staff D was asked who they were supposed to report to, they stated they were to call the hotline and report to a supervisor immediately.

This is a recurring deficiency previously cited on 12/27/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 12/22/24 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date 11/24/24 (corrected 11/19/24)

In an interview on 10/28/2024 at 3:09 PM Staff D, Director of Nursing Services, stated they were informed by Staff C of the incident that happened on 10/11/2024 on 10/14/2024. Staff D stated they asked Staff C if they let anybody know what happened. They stated Staff C said no. Staff D stated they told Staff C they are a mandatory reporter and that they should have reported it right away.

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Administrator (or Representative) Date